# MONTHLY PREMIUMS for FULL-TIME EMPLOYEES

### Rates for 2010 2009 Rates

| CHO | ICE PP | O PLAN | (80/20) |
|-----|--------|--------|---------|
|     |        |        |         |

|        | Total    | City         | Employee     | Per       |
|--------|----------|--------------|--------------|-----------|
|        | Premium  | Contribution | Contribution | Paycheck* |
| Single | \$305.00 | \$274.50     | \$30.50      | \$15.25   |
| Family | \$840.00 | \$672.00     | \$168.00     | \$84.00   |

# Employee Per Contribution Paycheck\* \$30.50 \$15.25 \$168.00 \$84.00

#### **CHOICE PLUS PLAN (90/10)**

|        | Total      | City         | Employee     | Per       |
|--------|------------|--------------|--------------|-----------|
|        | Premium    | Contribution | Contribution | Paycheck* |
| Single | \$500.00   | \$274.50     | \$225.50     | \$112.75  |
| Family | \$1,250.00 | \$672.00     | \$578.00     | \$289.00  |
|        |            |              |              |           |

| Employee     | Per       |
|--------------|-----------|
| Contribution | Paycheck* |
| \$225.50     | \$112.75  |
| \$578.00     | \$289.00  |

#### **BASIC CHOICE PLAN (50/50)**

|        | Total              | City         | Employee     | Per       |
|--------|--------------------|--------------|--------------|-----------|
|        | Premium            | Contribution | Contribution | Paycheck* |
| Single | \$274.50           | \$274.50     | \$0.00       | \$0.00    |
| Family | \$672.00           | \$672.00     | \$0.00       | \$0.00    |
|        | CODAY CHOICE DI AN |              |              | •         |

| Employee     | Per       |
|--------------|-----------|
| Contribution | Paycheck* |
| \$0.00       | \$0.00    |
| \$0.00       | \$0.00    |

#### **COPAY CHOICE PLAN**

|        | Total      | City         | Employee     | Per       |
|--------|------------|--------------|--------------|-----------|
|        | Premium    | Contribution | Contribution | Paycheck* |
| Single | \$355.00   | \$274.50     | \$80.50      | \$40.25   |
| Family | \$1,000.00 | \$672.00     | \$328.00     | \$164.00  |

| Employee     | Per       |
|--------------|-----------|
| Contribution | Paycheck* |
| \$80.50      | \$40.25   |
| \$328.00     | \$164.00  |

#### **DENTAL CHOICE PLAN**

|        | Total    | City         | Employee     | Per       |
|--------|----------|--------------|--------------|-----------|
|        | Premium  | Contribution | Contribution | Paycheck* |
| Single | \$95.00  | \$85.50      | \$9.50       | \$4.75    |
| Family | \$170.00 | \$136.00     | \$34.00      | \$17.00   |

| Employee     | Per       |
|--------------|-----------|
| Contribution | Paycheck* |
| \$9.50       | \$4.75    |
| \$34.00      | \$17.00   |

#### **DENTAL CHOICE PLUS PLAN**

|        | Total    | City         | Employee     | Per       |
|--------|----------|--------------|--------------|-----------|
|        | Premium  | Contribution | Contribution | Paycheck* |
| Single | \$110.00 | \$85.50      | \$24.50      | \$12.25   |
| Family | \$250.00 | \$136.00     | \$114.00     | \$57.00   |

| Employee     | Per       |
|--------------|-----------|
| Contribution | Paycheck* |
| \$24.50      | \$12.25   |
| \$114.00     | \$57.00   |

## PREVENTATIVE CHOICE PLAN

|        | Total    | City         | Employee     | Per       |
|--------|----------|--------------|--------------|-----------|
|        | Premium  | Contribution | Contribution | Paycheck* |
| Single | \$85.50  | \$85.50      | \$0.00       | \$0.00    |
| Family | \$142.00 | \$136.00     | \$6.00       | \$3.00    |

|   | Employee     | Per       |
|---|--------------|-----------|
| C | Contribution | Paycheck* |
|   | \$0.00       | \$0.00    |
|   | \$6.00       | \$3.00    |

#### **BASIC VISION PLAN**

|        | Total   | City         | Employee     | Per      |
|--------|---------|--------------|--------------|----------|
|        | Premium | Contribution | Contribution | Paycheck |
| Single | \$4.86  | \$4.35       | \$.51        | \$.26    |
| Family | \$13.42 | \$6.79       | \$6.63       | \$3.32   |

| Employee     | Per      |  |
|--------------|----------|--|
| Contribution | Paycheck |  |
| \$0.00       | \$0.00   |  |
| \$0.00       | \$0.00   |  |

#### **VISION PLUS PLAN**

|        | Total   | City         | Employee     | Per      |
|--------|---------|--------------|--------------|----------|
|        | Premium | Contribution | Contribution | Paycheck |
| Single | \$8.30  | \$4.35       | \$3.95       | \$1.98   |
| Family | \$22.88 | \$6.79       | \$16.09      | \$8.05   |

| Employee     | Per      |
|--------------|----------|
| Contribution | Paycheck |
| \$2.00       | \$1.00   |
| \$6.91       | \$3.45   |